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Key Highlights from The Economic Costs of Physical Inactivity, Obesity, and Overweight in California Adults Topline Report

Purpose of the Study

This study is the first to examine the link between physical inactivity, obesity, and overweight in California adults and associated expenditures such as direct and indirect medical care, workers' compensation, and lost productivity. The research was conducted to deepen understanding of the economics of the obesity epidemic, who is paying, and the magnitude of the expenditures so that the costs of reversing the problem can be put into an economic context. This topline report summarizes the full technical report and includes the projected future costs and potential cost-savings.

Methods

This study is based on a unique cost appraisal framework that includes three risk factors: physical inactivity, obesity, and overweight, and three major types of cost units: medical care, workers' compensation, and lost productivity. At the time the study was commissioned in 2001, the framework did not include the cost of poor nutrition as a fourth risk factor.

Key Findings

 Physical inactivity, obesity, and overweight cost California an estimated \$21.7 billion in 2000 as direct and indirect medical care, workers' compensation, and lost productivity.

The economic analysis also estimated the annual costs of physical inactivity at \$13.3 billion, obesity at \$6.4 billion, and overweight at \$2.0 billion. The majority of these costs were shouldered by public and private employers in the form of health insurance and lost productivity.

 The costs of inactivity, overweight and obesity in California are certain to increase due to population growth, aging, high prevalence of physical inactivity and obesity, and medical inflation.

If medical care costs continue to rise at least 7 percent per year, workers' compensation costs continue to rise at nearly 5 percent per year, and employment cost index components also continue to rise by almost 5 percent, then physical inactivity- and obesity-related costs will increase from \$21.68 billion in 2000 to more than \$28 billion in 2005. This would be a cumulative increase of 32 percent in just 5 years.

 If one or two Californians out of every 20 who are overweight and inactive were to reduce their Body Mass Index (BMI) to a leaner category and become active, then significant cost savings would be realized.

A 5 percent increase in the rates of physical activity and healthy weight over 5 years could save more than \$6 billion, while a 10 percent improvement could save nearly \$13 billion.

• Over the last decade, California has experienced one of the fastest rates of increase in adult obesity of any state in the nation.

More than half of California adults now are overweight or already obese, and rates are rising among all adult segments. Among African American and Latino adults, men over age 25 years, and adults with less than a high school education, rates exceed 60 percent. Trends in physical activity and healthy eating have not improved significantly, and there are no signs that increases in overweight or obesity are slowing.

• Health authorities now recommend substantial increases in fruit and vegetable consumption to prevent obesity and related chronic diseases. California adults consume fewer than the recommended 5 to 13 servings (2 $\frac{1}{2}$ to 6 $\frac{1}{2}$ cups) of fruits and vegetables per day.

According to the 2003 California Dietary Practices Survey, California adults consume, on average, just over 4 daily servings of fruits and vegetables (or about 2 cups), well below the 5 to 13 daily servings (2 ½ to 6 ½ cups) recommended for good health. A diet rich in fruits and vegetables is essential for energy balance and maintenance of appropriate weight for overall good health.